

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC

Response Timely Filed? (X) Yes () No

Requestor

MDR Tracking No.:

M4-05-3158-01

AHC on Behalf of Christus Santa Rosa
10002 Battlevue Pkwy.
Manassas, VA 20109

RECEIVED

TWCC No.:

Injured Employee's Name:

Respondent

Date of Injury:

Lumbermens Underwriting Alliance
Rep. Box # 19

JUN 28 2005
FLAHIVE, OGDEN & LATSON
ANITA DRAKE

Employer's Name:

Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
4-8-04	4-11-07	Inpatient Hospitalization	\$26,997.38	\$5,913.50

PART III: REQUESTOR'S POSITION SUMMARY

Stop Loss -75% of TC

PART IV: RESPONDENT'S POSITION SUMMARY

Requestor billed a total of \$42,344.50. The Requestor asserts it is entitled to reimbursement in an unspecified amount, which is purportedly 75% of the total charges. Requestor has not shown entitlement to this alternative, exceptional method of calculating reimbursement and has not otherwise properly calculated the audited charges.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

Operative report indicates claimant underwent decompression, foraminotomy and laminectomy, and posterolateral fusion at L3-4.

After reviewing the documentation provided by both parties, it does not appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was 3 days (consisting of 3 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$3354.00 (3 times \$1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

Osteotech and EBI invoice total = \$6655.00 = 10% = \$7,320.50.

Total of invoice and surgery per diem = \$10,674.50.

The insurance carrier paid \$4,761.00 for the inpatient hospitalization. The difference between amount paid and amount due = \$5,913.50.

Based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health

are provider is entitled to a reimbursement amount for these services equal to \$5,913.50

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$5,913.50. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Elizabeth Pickle
Authorized Signature

Elizabeth Pickle, RHIA

Typed Name

June 22, 2005

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on 6-27-05. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____